

IOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED

LIMITATIONS IN THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

CITATION Medical and Remedial Care
42 CFR and Services
440.170(a) Item 24.a. (cont'd.)

B. Authorization for Services

1. Medical Certification for Land Ambulance Services

Vendor payment is made upon written certification by
a physician that:

the recipient was in need of ambulance
transportation and that transportation such as an
automobile, van, or taxi could not be used;

emergency ambulance transportation was needed
because the patient met one of the above criteria;
and

the recipient had to be transported to a specific
facility to receive the appropriate medical
services.

In the case of a Nursing Home recipient, a staff nurse
may sign the doctor's name to the Medical
Transportation Certification Form based on the
doctor's verbal order that an ambulance be used to
transport the recipient. The doctor is required to
countersign this order on his/her next visit to the
nursing home.

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MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

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MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

CITATION Medical and Remedial Care
42 CFR and Services
440.170 Item 24.a. (cont'd.)

2. Prior Authorization for Air Ambulance Services

Air ambulance services are reimbursable only if speedy admission of the patient is essential and the point of pick-up of the patient is inaccessible by land vehicle, or great distances or other obstacles are involved in getting the patient to the nearest hospital with appropriate facilities. This determination is made by the Prior Authorization Unit of the fiscal intermediary.

C. Limitations

There are no arbitrary limitations as to the number of Emergency Medical Transportation services for which payment will be made.

Medicaid will not make payment on a claim if Medicare has denied the claim as not being medically necessary.

If both land and air ambulance transport are necessary during the same trip, each type of provider will be reimbursed separately according to regulations for that type of provider.

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LIMITATIONS IN THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

CITATION Medical and Remedial Care II. Medically Necessary Non-Emergency Transportation:
42 CFR and Services (General)
440.170 Item 24. a. (contd.)

The term "Medically Necessary Non-Emergency Transportation" means transportation provided to a Title XIX recipient to and/or from a provider of medical service for a Title XIX covered medical service. The Medically Necessary Non-Emergency Transportation Program is intended to provide transportation when all other reasonable means of transportation available without cost have been explored and found to be unavailable (i.e. the recipient's friends, relatives, or other state or federally supported providers). When transportation is not available without cost, payment shall be authorized for the least costly means of transportation available. It is the policy of the Medicaid Program to provide all non-emergency transportation for recipients to receive essential medically necessary care through providers in the normal trade area and none outside the normal trade area. There is no requirement that transportation be provided to recipients beyond the area in which the needed medical services are available.

A. Coverage

Non-emergency medical transportation must be prior authorized by the Bureau or its designated contractor (hereinafter sometimes referred to as "staff member"). The provision of non-emergency medical transportation is available to the recipient on a uniform basis throughout the state, upon the recipient notifying the appropriate staff member of the need and provided at least two days advance notice is given.

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AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS IN THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

CITATION Medical and Remedial Care
42 CFR and Services
440.170 Item 24. a. (contd.)

1. Authorization for payment for transportation is issued only for transportation to the provider of routine or specialty care within the normal trade area where the individual lives. Although the Bureau will still pay for the actual medical service received outside of the community in which the recipient resides, this does not obligate the agency to reimburse for transportation to accommodate such a choice.
2. When the recipient chooses to utilize a medical provider outside of the normal trade area due to preference and/or history, payment shall be authorized only for the cost of transportation within the normal trade area.

The recipient shall be responsible for securing any agreements with family and friends, non-profit or profit providers to make the longer trip for the payment authorized.

3. When specialty treatment required by the recipient necessitates travel over extended distances, authorization for payment for intra-state transportation shall be determined according to the following criteria:

necessary medical services are not available to the recipient in his community;

free transportation is not available; and

payment shall be authorized only for the most economical means of transportation.

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CITATION Medical and Remedial Care
42 CFR and Services
440.170 Item 24. a. (contd.)

The provider of intrastate transportation shall be determined according to the following heirarchy:

- Family and friends.
 - Public conveyance. The determination as to use and type of public conveyance shall be based on medical condition of the recipient to be transported, availability of public conveyance, and least cost.
 - Non-profit provider.
 - Profit provider.
4. Payment will not be made for any additional person(s) who must accompany the recipient to the medical provider.
5. Payment is not available for room and board, or for meals.
6. The Bureau will not authorize trips on the same day the recipient calls to schedule transportation services ("same day" trips) except in the instance of need for immediate medical care due to injury or illness. Same day trips will not be authorized for scheduled appointments for predictable or routine medical care. Recipients will be asked to reschedule the appointment and make the subsequent request for transportation timely.

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MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

CITATION Medical and Remedial Care
42 CFR and Services
440.170 Item 24. a. (contd.)

B. Choice of Transportation Provider

The least costly means of transportation shall be determined by the agency according to the following hierarchy:

- city or parish public transportation
- family and friends who meet the state license and insurance requirements and who are willing to enroll and be paid a flat rate for transportation
- intra-state public conveyance (such as bus, train or plane)
- non-profit agencies and organizations that provide a transportation service and who are enrolled in the Medicaid Program
- profit providers enrolled in the Medicaid Program.

C. Necessity

All Non-Emergency Medical Transportation shall be prior authorized. Authorization for payment for transportation shall be issued only when the recipient provides proof and/or a sworn statement that they have no other means of transportation on the date of the medical service. Family will be strongly encouraged to provide transportation at no cost to the recipient or the program.

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MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

CITATION Medical and Remedial Care
42 CFR and Services
440.170 Item 24. a. (contd.)

D. Authorization Process for Non-Emergency Non-Ambulance Transportation

The Bureau or its designated contractor shall be responsible for the arrangement of medically necessary non-emergency, non-ambulance transportation.

Title XIX funds for medically necessary non-emergency non-ambulance transportation shall serve to supplement the recipient's pre-existing transportation resources, rather than replace them.

When the Bureau or its designated contractor receives a request for transportation assistance, the staff member must:

verify the recipient's current eligibility for Title XIX benefits.

verify that the recipient is traveling to a Title XIX covered service

verify that the recipient has no other transportation source available at no cost.

Dispatch personnel will coordinate to the extent possible trips for family members so that all recipients in a family are transported as a unit at one time to the same or close proximity providers.

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MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

CITATION Medical and Remedial Care
42 CFR and Services
440.170 Item 24. a. (contd.)

**E. Authorization Process for Non-Emergency Ambulance
Transportation**

Non-emergency Ambulance Transportation is not prior
authorized by the Bureau or its designee. Payment for
Non-Emergency Ambulance Transportation shall be made
when a doctor certifies by written statement that:

the recipient was in need of ambulance transportation
and that transportation such as an automobile, van or
taxi could not be used;

non-emergency ambulance transportation was needed;
and

the recipient had to be transported to a specific facility
to receive the appropriate medical services.

In the case of a nursing home recipient, a staff nurse can
sign the doctor's name to the Medical Transportation
Certification Form based on the doctor's verbal order that
an ambulance be used to transport the recipient. The
doctor will be required to countersign the order on his/her
next visit to the nursing home.

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STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS IN THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

Citation

42 CFR 440.170(d)

MEDICAL AND REMEDIAL CARE AND SERVICES
Item 24.d.

SKILLED NURSING FACILITY SERVICES FOR PATIENTS UNDER 21 YEARS OF AGE are limited as follows:

Coverage is limited to services provided in Title XIX certified facilities.

Providers of this service are required to comply with Federal Regulations and with any Standards for Payment and licensure and certification standards promulgated by the State.

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